			S	Ubstitute for	DETERMINA	TION RECORD	elnu noilemou	ss it displa	gys a valid ON	I UF COMERCE
	CLAIMS AS FILED - PART I							Application br Dockel Number		
•	ļ	· · · · · · · · · · · · · · · · · · ·	(Column	11)	(Calumn 2)	\$4444.			7	<u></u>
٠.	BASIC FEE	1	NUMBER FILED		NUMBER EXTRA	SMALL	ENTIT.Y	OR .	OTHER THAI SMALL ENTITI	
	TOTAL CLAIMS	1)	·		·	RATE	FEE		RATE	7
•	(37 CFR 1.16(c)	n . I	minus 20 =				5	OR	- IVAILE	- FE
	INDEPENDENT CLAIMS (37 CFR 1.16(b))				·	$\times s = 25$		OR	x's 50.	5
	MULTIPLE DEP	ENDENT CLANA	minus 3 = ·			x s 100 ₌		f	x, 200	+
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) If the difference in column 1 is less than zero, enter "0" in column 2.					+5.180	-	OR		
	" the dinerenc	ze in column 1 is	less than zer	o, enter "0" in	column 2.	TOTAL		OR	4,360	
						·		OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2)					•				
	√ 5 0	CLAIN	IS	(Colum		SMALL EN	471TY	OR .	OTHER	THAN
	18 04 REN		ER :		JMBER PRESENT VIOUSLY EXTRA		ADDI-	. [-	SMALL	ENTITY
٠ [Total (31 CFR (.16(c)) Independent (31 OFR (.15R))	AMENOM 2 A	Minu	PAID F	OR		TIONAL .	- 1	RATE	AD0
	Z Independent (3) OFR 1.16(b)		Minu	24		x s 25 =		-	50	TIONAL FEE
1	3			1 10		x s 100=	7	OR $\times 50$		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(dl))					+ 5 180=	· '		<u>\$200</u>	
1	•						——————————————————————————————————————		30	
1	(Column 1) (Column 2) (Column 3)					. AOD L FEE		IR AD	O'L FEE	
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Į į	Total	AMENDMEN		PREVIOUS PAID FO	LY EXTRA		ODI-		RATE	ADDÍ
AMENOMENT	(37 CFR 1.16(c))	ļ	. Minus		= .	x s 25 .	FEE .			TIONAL FEE
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_		(Column 1)		(Column 2		ADO'L FEE	OR	ADD.	L FEE.	
10		CLAIMS ' REMAINING		HIGHEST			, 		-	
EN I		AFTER AMENOMENT	.	NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE AD		RA	ATE .	ADDI-
Ş	Total (37 OFR 1.16(c))		Minus	- AID FOR	=	L FF			Ti	IONAL FEE
AMENDMEN.	Indépendent (37 OFR 1.16(b))	<u>.</u>	Minus	*** .	= -	× s 25 =	OR	x s 5	O_	· · ·
¥	THEST PRESENTATION OF MULTIPLE OFFICE AND THE PRESENTATION OF THE					x s 100	OR	x s 25	00	.:
					+ 5 180	. OR	1,30	0O		
	If the entry in co	lumn 1 is less th	an the entry	in column 2, w	TOTAL ADD'L FEE	OR	TOTAL			
•••	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".									

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS